

## Request for Vaccine

Request for Vaccine		Completed by Provider		Completed by NDDoH	
		Doses Ordered	Doses on Hand	Doses Shipped	Lot Number Shipped
DTaP (For children $\leq 6$ years of age)	10				
DTaP/HepB/IPV (Pediarix™) syringes	5				
DTaP/HepB/IPV (Pediarix™) vials	10				
Hepatitis A	10				
Hepatitis B	10				
Hib	10				
IPV	10				
Meningococcal Conjugate Vaccine (MCV-4) (VFC Only)	5				
MMR	10				
MMRV(shipped directly from manufacturer)	10				
PCV-7 (Prevnar®)	10				
Pneumococcal Polysaccharide (for ages 2+)	5				
Rotavirus (for ages 6 weeks – 32 weeks)	10				
Tdap (tetanus, diphtheria and pertussis) (For adolescents 10 – 18 years of age)	5				
Varicella (shipped directly from manufacturer)	10				
HBIG*	1				
Td (adult)**	10				
Hepatitis B TIP-LOK® pre-filled syringes***	5				
DT (pediatric)****	10				
Influenza*****					

\*Available to hospitals for peri-natal use only.

\*\*Available for use in children ( $\geq 7$  years) who have not completed the primary series of DTaP.

\*\*\*Available to public health units only, needles not included.

\*\*\*\*Contact ND Immunization Program at 800.472.2180. Order must be pre-approved over the phone.

\*\*\*\*\*Seasonal, use separate Influenza Order Form.

- Please limit vaccine orders to a **2-month supply**
- Allow up to 2 weeks for delivery
- Vaccine and materials are shipped on Mondays, Tuesdays, and Wednesdays (**weather permitting**)
- Orders will not be filled until the NDDoH has received a **Vaccine Administration Monthly Report**

Ordered By:	
Date Ordered:	Requested Delivery Date (allow 2 weeks):
Telephone Number:	
Provider Number:	

### Send To:

Facility:		
Attn:		
Address:		
City:	State:	Zip Code:

# Request for Materials

Item	Quantity	Item	Quantity
<b>CDC Vaccine Information Statements</b>		<b>Brochures</b>	
Chickenpox Vaccine		A Guide to Vaccine-Preventable Diseases in Adults	
Diphtheria, Tetanus, and Pertussis (DTaP) Vaccines		A Parent's Guide to Vaccine-Preventable Diseases in Children	
<i>Haemophilus influenzae</i> type B (Hib) Vaccine		All kids need hepatitis B shots!	
Hepatitis A Vaccines		Think About Protecting Your Teen This Fall (meningococcal brochure)	
Hepatitis B Vaccines		Parents Guide to Childhood Immunization (Currently Unavailable)	
Meningococcal Vaccine		Prevent Hepatitis B: Get Vaccinated!	
MMR Vaccine		Questions parents ask about baby shots	
Pneumococcal Conjugate Vaccine		What parents and caregivers need to know about pertussis	
Pneumococcal Polysaccharide Vaccine		<b>State Forms</b>	
Polio Vaccine		Adult Immunization Cards	
Rotavirus Vaccine		Certificate of Immunization (SFN 16038)	
Tetanus, Diphtheria, and Pertussis Vaccine (Tdap)		Lifetime Immunization Record	
<b>Camera-ready copy:</b> (please circle)		Request for Vaccine/Materials (SFN 13800)	
Inactivated Influenza   Live Attenuated Influenza			
Rabies   Td   Typhoid   Yellow Fever			
<b>Miscellaneous</b>		Temperature Log (Fahrenheit) (SFN 53775)	
After the Shots... What to do if your child has discomfort		Temperature Log (Fahrenheit and Celsius) (SFN 53775)	
Chickenpox Fact Sheet		Temperature Log (Celsius) (SFN 53775)	
Guide to Contraindications to Childhood Vaccinations (Currently Unavailable)		Vaccine Administration Monthly Report (SFN 53774)	
Health Record Folder with inserts		Vaccine Administration Record (SFN 18385) <input type="checkbox"/> 2 Part <input type="checkbox"/> 3 Part	
Health Record Folder without inserts		Vaccine Administration Record (Series) (SFN 50922)	
Immunizations for Babies (A Guide for Parents)		Vaccine Transfer Form (SFN 53766)	
Pertussis Fact Sheet		Vaccine Return Form (SFN 53767)	
Recommended Adult Immunization Schedule			
Recommended Childhood Immunization Schedule			
Vaccinations for Adults			
You're NEVER too old to get shots!			
Vaccine Adverse Events Reporting Form (VAERS)			

Ordered By:	
Date Ordered:	Requested Delivery Date <b>(allow 2 weeks):</b>
Telephone Number:	
Provider Number:	

SFN 13800 (Rev. 08/06)

## Send To:

Facility:		
Attn:		
Address:		
City:	State:	Zip Code: